

Congresswoman Matsui, members of the Task Force on Aging & Families: Thank you for inviting me here today. My comments are my own and are based on my experience as a geriatrician, running the nursing home arm of a QIO, and being the former CEO of the largest nursing home chain in California.

In early March, the experts in geriatrics and long-term care medicine knew what was coming. The science that came directly from the CDC was clear. COVID-19 was lethal to older adults in nursing homes. CMS struggled to prioritize nursing homes for the resources necessary to keep staff and residents safe. Tens of thousands of the most vulnerable and cherished members of our society have died. Nursing home direct care staff, who barely earn a living wage, have also died while performing God's work.

This represents a failure of leadership at the highest levels of our government. States and nursing home operators have struggled with pandemic-related supply chain dynamics. The federal government, whose prompt response was so desperately needed, failed to surmount this challenge and make PPE a priority for nursing homes. This remains an issue today. The real estate owners behind the nursing home industry also had the ability to leverage their assets to acquire PPE but many chose to wait for the government response, which didn't happen. As a clinician, I don't care who takes responsibility for the acquisition of PPE. Without PPE, COVID-19 can't be stopped.

COVID-19 is a medical emergency. During such an emergency, clinical experts are crucial. The American Board of Post-Acute and Long-Term Care Medicine provides a certification for nursing home medical directors; yet only a fraction have this certification. For too long, this key position has been minimized. The negative impact of this has been amplified by COVID-19. CMS has requirements for nursing home medical directors, but many homes ignore them. Trained medical directors must be allowed to perform their duties without undue influence from nursing home ownership. There should be no quid pro quo related to admissions, and medical directors should be free to provide clinical and administrative leadership without fear of losing their position. Professional and stakeholder organizations have asked CMS to maintain a national registry of medical directors. This would be easy to implement, but CMS continues to deny these requests. It's time to change that and provide transparency to this important role.

The government and nursing home industry must fully engage experts in geriatrics and long-term care medicine to protect our vulnerable elders. We need your help in assuring that we are active participants in policy and decision-making processes. If we had been heard and fully engaged many lives could have been saved. I thank you for your attention to these critically important matters and your concern for our precious, vulnerable elders. I look forward to answering your questions.